



**NATIONAL ASSOCIATION
OF
WOMEN'S GYMNASTICS JUDGES**

Name of Meet: _____

Date _____ Report: _____ March-In: _____

Host: _____ Type/Level of Meet: _____

Days: _____ # Sessions: _____ #gymnasts: _____

Travel Arrangements. _____

NAWGJ UNIFORM _____ **JUDGES FEE:** _____
*Send copies of contracts to Meet Director and Assigning Official

Assigning Official:
Address: _____

Phone: _____ FAX: _____ Cell: _____
E-Mail: _____

Meet Director:
Address: _____

Phone: _____ FAX: _____ Cell: _____
E-Mail: _____

Deadline: sign and return by: _____

This contract is accepted this _____ day of _____, 200 ____ by the Undersigned NAWGJ Official whose rating is _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (hm) _____ (cell) _____

E-mail: _____ USAG # _____

Event Assignment: _____ Meet Ref _____ Chief Judge _____

Expense Estimates:

Please specify expenses listed below for which you will request Reimbursement.

Travel : _____ miles round trip @ 55¢/mile = \$ _____

Lodging Needed: Fri Sat Sun other

Meals: _____ Breakfasts _____ Lunches _____ Dinners _____ as needed
@ \$15/meal up to \$35/\$40 per day. \$ _____

Air Travel _____ miles roundtrip to airport @ 57¢/mile \$ _____

Airport parking \$ _____ Travel to/from meet site \$ _____

Other (be specific)& _____ Total Air travel _____

NAWGJ offers you this opportunity to judge. If the terms and conditions meet with your approval, please indicate acceptance by signing in the space provided. If any unforeseen problems arise in the fulfillment of this contract, IMMEDIATELY notify the Assigning Official and Meet Director of the change. It is only through the approval of both persons that a replacement be made. Please complete this form and make 2 copies. Send 1 to the Meet Director and 1 to the Assigning Official. Keep copy for your records.

Signature : _____